

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Donovan Brown

Write the full name of each plaintiff.

17 CV 1677

(Include case number if one has been assigned)

-against-

NYPD - officers, Joe

Pulsarin

Brandon Cavello

COMPLAINT

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

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S.D. OF N.Y.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen? *Donovan Blum*

The plaintiff, *Donald Blum*, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Joe Pilsch, Brandon Ruelo, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of

If the defendant is a corporation:

The defendant, Joe Pilsch Brandon Ruelo, is incorporated under the laws of
the State of new york

and has its principal place of business in the State of

or is incorporated under the laws of (foreign state)

and has its principal place of business in

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

<u>Donovan Bram</u>	<u>A</u>	<u>Bram</u>
First Name	Middle Initial	Last Name
<u>[REDACTED]</u>		
Street Address		
<u>[REDACTED]</u>		
County, City	State	Zip Code
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Joe Edgarin
 First Name Last Name
NYPD
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
Bronx ny 10469
 County, City State Zip Code

Defendant 2: Brandon Pavelo
 First Name Last Name
NYPD
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
Bronx ny 10469
 County, City State Zip Code

Defendant 3:
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Duncan and Alder ave

Date(s) of occurrence:

5-30-14

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I was stopped for no apparent reason
 Slamed on my head and my left side
 By one of two officers, then they both
 got on top of me and assaulted me,
 more police came I was ~~assaulted~~ assaulted
 they was using unnecessary force, got put
 in hand cuffs one of ~~police~~ officers
 continued to use unnecessary force, then
 I was put in an Ambulance on ~~a stretcher~~ ~~a stretcher~~
 a stretcher with both hands behind my back
 and the stretcher was stopped down forcing
 my head to get damaged I told them
 which is one of the officer and the paramedic
 I could not breath they laughed ~~and~~ at me.

the officer further went on to say
 see him he don't care, get sexual gratification and
 that in every people was videotaping him, or
 he would of done me worse, the two officers
 assaulted me and brought me to hospital
 if I did something wrong I would of been
 brought to precinct and fingers pointed, they brought
 me to hospital I woke up hooked to IV
 and was released the next morning

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I did therapy for a while could not go to
 work, my hands are damaged my head was squeezed
 to the floor by one of officers causing head damage
 I had scars all over my body, back injuries
 as well

IV. RELIEF

State briefly what money damages or other relief you want the court to order.




money for scars on my body, money for my
 head injuries, money for my hands money for
 time I missed work and all my traveling expenses
 money for touching my penis and bending
 me on my back or on my side

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>3-6-17</u>		<u>D. B.</u>
Dated		Plaintiff's Signature
<u>Donovan</u>	<u>A</u>	<u>Brown</u>
First Name	Middle Initial	Last Name
		
Street Address		
		
County, City	State	Zip Code
		
Telephone Number		Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.